

HellerEhrman
ATTORNEYS

1666 K Street, N.W., Suite 300
Washington, D.C. 20006
Main: (202) 912-2000
Fax: (202) 912-2020

Facsimile Transmittal

To: Examiner Runa Qaderi – USPTO (Group Art Unit 3737)
Telephone: (703) 605-4285
Fax: (703) 746-7289

From: John P. Isacson (User ID: 4870)
Telephone: (202) 912-2777
Fax: (202) 912-2020

No. of Pages: 48 (including cover)
Date: August 26, 2004
Matter No.: 38025-0030

Message:

Re: U.S. Serial No. 09/822,841 (Martin L. LENHARDT)
TINNITUS MASKER/SUPPRESSOR
Our Reference: 38025-0030

Dear Examiner Qaderi:

Pursuant to your request, attached is a copy of the Transmittal Form, Amendment and Reply Under 37 CFR §1.111, Petition for Extension of Time, Notice Under 37 CFR §1.612, and Declaration Under 37 CFR §1.131 filed in the USPTO on January 15, 2004. We also enclose a copy of the PTO stamped receipt card for the filing on January 15, 2004.

Sincerely,
John

The information contained in this communication is intended only for the use of the addressee and may be confidential, may be attorney-client privileged and may constitute inside information. Unauthorized use, disclosure or copying is strictly prohibited, and may be unlawful. If you have received this communication in error or you have not received all pages, please call the sender immediately at (202) 912-2154.

Heller Ehrman White & McAuliffe LLP www.hewm.com

Now York Washington D.C. San Francisco Silicon Valley Los Angeles San Diego Seattle Portland Anchorage Hong Kong Singapore
Affiliated Camelutti Offices: Milan Rome Paris Padua Naples

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☒

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

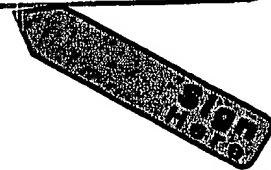
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/822,841
	Filing Date	April 2, 2001
	First Named Inventor	Martin L. LENHARDT
	Group Art Unit	3737
	Examiner Name	Qaderi, Runa S.
	Attorney Docket Number	38025-0030
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Notice Under 37 CFR §1.612
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John Isacson
Signature	Reg. No. 33,715
Date	1-15-04

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: _____			
Typed or printed name	John P. Isacson (Reg. No. 33,715)		Date
Signature			

CUSTOMER NO. 26633



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 210.00
--------------------------------	--------------------

Application Number	09/822,841
Filing Date	April 2, 2001
First Named Inventor	Martin L. LENHARDT
Examiner Name	Qaderi, Runa S.
Art Unit	3737
Attorney Docket No.	38025-0030

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

08-1641 (Docket No. 38025-0030)

Deposit
Account
Name

Heller Ehrman White & McAuliffe LLP

The Commissioner is authorized to: *(check all that apply)*

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.

FEE CALCULATION

I. BASIC FILING FEE				Fee Description	Fee Paid
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)	(\$)
---------------------	-------------

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims		Fee from below		Fee Paid
Total Claims	12	-20** =	0	x	9	=	0.00
Independent Claims	4	-6** =	0	x	43	=	0.00

Multiple Dependent

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)	(\$) 0.00
---------------------	------------------

***or number previously paid, if greater; For Reissues, see above*

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	210
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

• Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 210

SUBMITTED BY

Name (Print/Type)	John P. Isacson
-------------------	-----------------

Registration No.
(Attorney/Agent)

33.715

Complete (if applicable)

Telephone	(202) 912-2000
------------------	----------------

Date _____

January 15, 2004

Customer No. 26633